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## BIB DATA SHEET

CONFIRMATION NO. 5570

<b>SERIAL NUMBER</b> 10/589,067	<b>FILING or 371(c) DATE</b> 03/30/2007 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 021686-000910US	
<b>APPLICANTS</b> Hideki Garren, Palo Alto, CA; Stephanie Broome, Palo Alto, CA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/32598 10/01/2004 which claims benefit of 60/508,350 10/03/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/22/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CHRISTINA Acknowledged BRADLEY/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 UNITED STATES					
<b>TITLE</b> Treatment Of Demyelinating Autoimmune Disease with Modified Ordered Peptides					
<b>FILING FEE RECEIVED</b> 365	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		